

**TRAINING REQUEST FORM
TR-17**

STUDENT INFORMATION (Please type or print legibly)

First Name _____ M.I. _____ Last Name _____

Social Security Number _____ Title _____

Agency _____ Division _____ Section _____

Office Address _____ Telephone (____) _____ Ext. _____

City _____ State _____ Zip Code _____

FAX # (____) _____ Student E-mail Address (check if new ☐) _____

Name of Supervisor _____

Are you a: ☐ Non-Supervisor ☐ Supervisor ☐ Manager ☐ Chief of Division ☐ Dept. Director

☐ Check here if any of the above information has changed from when you last applied, or if this is a new application.

Name of Training Contact _____

AUTHORIZING SIGNATURE _____

NOTE: Persons with disabilities requiring special accommodations should notify the State Personnel Training Office at least ten working days prior to the class.

COURSE INFORMATION (May enroll in 3 classes on this TR-17)

1. Full Class Title _____

Class Date(s) _____ City _____ Building/Room _____

2. Full Class Title _____

Class Date(s) _____ City _____ Building/Room _____

3. Full Class Title _____

Class Date(s) _____ City _____ Building/Room _____

SUBMIT ALL TR-17'S TO:

Department of Personnel- Training
209 East Musser Street
Carson City, Nevada 89701-4204
(775) 687-4120 Voice; 687-1868 Fax

PLEASE MAKE A COPY FOR YOUR RECORDS